

DISTRICT COURT OF GUAM

Case Number:

STATEMENT OF SOCIAL SECURITY NUMBER(S)

If filing jointly, information for both spouses must be provided on this form.

Debtor Name *(enter full name)* _____

Social Security Number _ _ _ - _ - - or; (check if applicable)

☐ Debtor does not have a Social Security Number

Joint Debtor Name *(enter full name)* _____

Social Security Number _ _ _ - _ - - or; (check if applicable)

☐ Joint Debtor does not have a Social Security Number

I declare under penalty of perjury that the foregoing is true and correct.

Signature of Debtor

Date

Signature of Joint Debtor

Date

Penalty for making a false statement: Fine up to \$250,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §152 and §3571
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